

South Carolina Retirement Systems

Reporting Procedures

Customer Training Module

Disclaimer

THIS PRESENTATION DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT WITH A MEMBER OF THE SOUTH CAROLINA RETIREMENT SYSTEMS.

This presentation is meant to serve as a guide but does not constitute a binding representation of the South Carolina Retirement Systems. The statutes governing the South Carolina Retirement Systems are found in Title 9 of the South Carolina Code of Laws, and should there be any conflict between this presentation and the statutes or Retirement Systems' policies, the statutes and policies will prevail.

Employers covered by the South Carolina Retirement Systems are not agents of the Retirement Systems.

Duplication of this presentation, either in part or in whole, is forbidden without the express written permission of the South Carolina Retirement Systems.

Contributions

- **Active SCRS and PORS members, and State ORP participants are required to contribute a portion of their earnable compensation to their respective retirement plan.**
- **SCRS and PORS retired members returning to covered employment are required to pay member contributions based on the rate that any other active employee in their position would contribute provided the retired member is receiving retirement benefits from that system.**
- **Employers, not members, pay contributions to participate in the Group Life Insurance and Accidental Death programs.**

Earnable Compensation

- **Earnable compensation means the full rate of the compensation that would be payable to a member if the member worked the member's full normal working time; when compensation includes maintenance fees, and other things of value the board shall fix the value of that part of the compensation not paid in money directly by the employer .**
- **In addition to pay for normal work, following are examples of other types of earnable compensation:**
 - **Overtime**
 - **Tips**
 - **Non-monetary compensation such as maintenance fees, housing, automobile allowances or other things of value that are consistently reported. The State Budget and Control Board shall set the value of such compensation and contributions will be due to the Retirement Systems**

Contributions

SCRS/ORP

	<u>July 1, 2006</u>	<u>July 1, 2007</u>
– Employee	6.50 %	6.50 %
– Working Retiree	6.50 %	6.50 %
– Employer	8.05 %	9.06 %

PORS

– Employee	6.50 %	6.50 %
– Working Retiree	6.50 %	6.50 %
– Employer	10.30 %	10.30 %

–

Note: Covered employers may also pay a State Health Plan retiree insurance surcharge, a group life premium (SCRS/ORP - 0.15%/PORS - 0.20%), and an ADP premium (0.20%) for covered PORS employers. Compensation earned after July 1st, should have contributions deducted at the new rate for the fiscal year.

Contribution Requirements

- **Salary or Wages**
 - The gross rate of salary/wages paid by an employer. Retirement contributions are due on true gross wages before reductions for any tax deferral.
- **Used Sick and Annual Leave**
 - Wages paid to employees who continue on the payroll while using sick and annual leave.
- **Unused Annual/General Leave**
 - Contributions are deductible on up to and including 45 days termination pay for unused annual leave at retirement.

Contribution Requirements

- **Overtime and Compensatory Time**
 - Overtime and compensatory time is subject to retirement contributions. Overtime/compensatory pay should be allocated to a member's account based on the dates an employee's compensation was earned, not on the dates an employee's compensation was paid.
- **Contribution Limits**
 - A federal, calendar limitation on the amount of annual compensation from which retirement contributions can be deducted applies to employees who became members after 12/31/1995. The limitation for calendar year 2007 is \$225,000.

Wages not Subject to Contributions

Sections 9-1-1020 and 9-1-1180

- **Payments not considered a part of the regular salary base are not subject to contributions and are not includable for AFC purposes**
 - **Single special payments at retirement**
 - **One-time bonus and incentive-type payments**
 - **Retirement incentive payments**
 - **Long-term disability benefits**
 - **Payments for unused sick leave**
 - **Payment for unused annual leave over 45 days**

Working Retiree Covered Employment Contribution Information

- **Retiree and Employer Pay SCRS Contribution Rate**
 - SCRS retiree without PORS account returns to work in PORS position
 - Retiree receiving both SCRS and PORS annuities returns to work in SCRS position
- **Retiree and Employer Pay PORS Contribution Rate**
 - PORS retiree without SCRS account returns to work in SCRS position
 - Retiree receiving both SCRS and PORS annuities returns to work in PORS position

Retirement Contributions and Teacher and Employee Retention Incentive (TERI) Annual Leave Payouts

- **Entered TERI before July 1, 2005**
 - If participants who entered TERI before July 1, 2005, receive a second annual leave payout at the end of their TERI period, no retirement contributions (employee or employer) should be deducted from the second annual leave payout. This payout is not considered earnable compensation and should be treated like a bonus or special payment from which no retirement contributions are deducted.

Retirement Contributions and TERI Annual Leave Payouts

- **Enter TERI on or after July 1, 2005**
 - If participants who enter TERI on or after July 1, 2005, receive an annual leave payout at that time, no retirement contributions should be taken on an annual leave payout at the beginning of the TERI period since the payout is considered a special payment.
 - Retirement contributions should be deducted on the value of up to 45 days unused annual leave paid at termination of employment at the end of the TERI period for inclusion in the average final compensation (AFC) as applicable.

Due Dates

Section 9-1-1160 and 9-1-1170

- **Each fiscal year, the Retirement Systems mails a packet of forms and a *Due Date Calendar* (Form 1341) to all covered employers.**
- **Form 1341 details the deposit due dates for the Retirement Systems' fiscal year (July 1 through June 30).**
- **Deposits are due in the Retirement System's office on the due date which is usually the last day of the following month.**
- **The date received is the date funds are received by the Retirement Systems, not the postmark date.**
- **Per code sections 9-1-1160 and 9-1-1170, late remittances are subject to interest assessments. The interest rate is based on the adjusted prime rate (as of March) and is updated annually in July.**

FORM 1341

**DUE DATE CALENDAR
(SCRS/PORS/ORP)**

FISCAL YEAR 2006 - 2007

REPORT NO.	MONTH ENDING	REPORT REQUIRED	* DUE DATE
1	JULY 31, 2006	MONTHLY DEPOSIT FORM	AUGUST 31, 2006
2	AUGUST 31, 2006	MONTHLY DEPOSIT FORM	OCTOBER 2, 2006
3	SEPTEMBER 30, 2006	QUARTERLY CONTRIBUTION REPORT	OCTOBER 31, 2006
4	OCTOBER 31, 2006	MONTHLY DEPOSIT FORM	NOVEMBER 30, 2006
5	NOVEMBER 30, 2006	MONTHLY DEPOSIT FORM	JANUARY 2, 2007
6	DECEMBER 31, 2006	QUARTERLY CONTRIBUTION REPORT	JANUARY 31, 2007
7	JANUARY 31, 2007	MONTHLY DEPOSIT FORM	FEBRUARY 28, 2007
8	FEBRUARY 28, 2007	MONTHLY DEPOSIT FORM	APRIL 2, 2007
9	MARCH 31, 2007	QUARTERLY CONTRIBUTION REPORT	APRIL 30, 2007
10	APRIL 30, 2007	MONTHLY DEPOSIT FORM	MAY 31, 2007
11	MAY 31, 2007	MONTHLY DEPOSIT FORM	JULY 2, 2007
12	JUNE 30, 2007	QUARTERLY CONTRIBUTION REPORT	JULY 31, 2007

* **DUE DATE** - REMITTANCES MUST BE **IN THE OFFICE OF THE SOUTH CAROLINA RETIREMENT SYSTEMS** ON OR BEFORE THIS DATE.

INTEREST WILL BE ASSESSED ON **ALL** REMITTANCES RECEIVED AFTER THE DUE DATE.

Mailing Address:

State Budget and Control Board
South Carolina Retirement Systems
Accounting Department
PO Box 11960
Columbia, South Carolina 29211-1960

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Delinquent Reporting

- **The Retirement Systems will notify the employer if the monthly (Form 1244) or quarterly (Form 1246) deposit is not received within ten days of the due date.**
- **Additionally, the Retirement System will notify the employer if the detail quarterly report information (diskette or other magnetic media, EESER or paper report) is not received within ten days of the due date.**


Monthly Deposit of Retirement Contributions

- **All employers (except those on the Comptroller General's payroll system) must submit a *Monthly Deposit* (Form 1244) along with payment for the month.**
- **Each Form 1244 is bar-coded with the employer code and date information.**
- **One 1244 should never be substituted for another since bar-coding each 1244 correlates with a particular month and employer.**
- **The Retirement Systems provides green envelopes for remittances.**

Authorized Credits or Debits

- If an employer takes an authorized credit or debit on a *Monthly Deposit* (Form 1244), the employer must also carry forward and list that credit or debit on the *Quarterly Contribution Report Summary* (Form 1246) for the current quarter to balance.

SAMPLE 1244

Form 1244 Revised 7/1/2006 Fiscal Year: 2006-2007		MONTHLY DEPOSIT OF RETIREMENT CONTRIBUTIONS South Carolina Retirement Systems Box 11960, Columbia, SC 29211-1960		<input type="checkbox"/> Check if no covered wages for this period.
EMPLOYER CODE 000.00		DUE DATE 01/31/07		
EMPLOYER NAME ANY EMPLOYER		MONTH ENDING DATE 12/31/06		
RETIREMENT CONTRIBUTIONS		SCRS	PORS	
1. Employee Contributions		<u>1,906.96</u>	<u>17,192.65</u>	
a. Active member contributions withheld - See Instructions		<hr/>	<hr/>	
b. Retired member contributions withheld - See Instructions		<hr/>	<hr/>	
2. Total Member Contributions (Line 1a + Line 1b)		<u>1,906.96</u>	<u>17,192.65</u>	
3. Employer Retirement Contributions		<hr/>	<hr/>	
a. Active members' salaries		<u>29,337.43</u>	<u>264,500.44</u>	
b. Retired members' salaries (includes all TERI retirees)		<hr/>	<hr/>	
c. Total salaries		<u>29,337.43</u>	<u>264,500.44</u>	
4. Contribution rate		x <u>0.08050</u>	x <u>0.10300</u>	
5. Employer retirement contributions (Line 3c x Line 4)		<u>2,361.66</u>	<u>27,243.55</u>	
6. Group life contributions (if covered) (SCRS Line 3c x XXXXX; PORS Line 3c x XXXXX)		<u>XXXXXX</u>	<u>XXXXXX</u>	
7. Accidental death contributions (if covered) - PORS only PORS Line 3c x XXXXX		<hr/>	<u>XXXXXX</u>	
8. Total Due for the Month (Line 2 + Line 5 + Line 6 + Line 7)		<u>4,268.62</u>	<u>44,436.20</u>	
9. Authorized (Credits) Debits Invoice # _____ , _____		<hr/>	<hr/>	
10. Net Remittance (Line 8 +/- Line 9)		<u>4,268.62</u>	<u>44,436.20</u>	
11. Total Remittance (combine SCRS and PORS)		<u>\$ 48,704.82</u>		
CONTACT PERSON <u>AUTHORIZED REPRESENTATIVE</u>				
Telephone <u>803-000-0001</u> Date <u>1/15/2007</u>				
Please note: This is a bar coded form. Do not substitute this monthly form for another month.				

Please call our Customer Services Call Center toll free at 1-800-868-9002 or at 803-737-6800 with any questions

Form 1244

Revised 7/1/2006



Fiscal Year: 2006-2007

MONTHLY DEPOSIT OF RETIREMENT CONTRIBUTIONS

South Carolina Retirement Systems

Box 11960, Columbia, SC 29211-1960

☐ Check if no covered wages for this period.

EMPLOYER CODE 000.		DUE DATE 01/31/07	
EMPLOYER NAME ANY EMPLOYER		MONTH ENDING DATE 12/31/2006	
RETIREMENT CONTRIBUTIONS	SCRS	PORS	ORP
1. Employee Contributions			
a. Active member contributions withheld - See Instructions	<u>9,651.80</u>		
b. Retired member contributions withheld - See Instructions	<u>1,606.09</u>		
2. Total Member Contributions (Line 1a + 1b)	<u>11,257.89</u>		
3. Employer Retirement Contributions			
a. Active members' salaries	<u>148,489.23</u>		
b. Retired members' salaries (includes all TERI retirees)	<u>40,836.23</u>		
c. Total salaries	<u>189,325.46</u>		<u>8,231.18</u>
4. Contribution rate	x <u>0.11400</u>	x <u>0.13650</u>	x <u>0.06400</u>
5. Employer retirement contributions (Line 3c x Line 4)	<u>21,583.10</u>		<u>526.80</u>
6. Group life contributions (if covered) (SCRS Line 3c x 0.00150; PORS Line 3c x 0.00200; ORP Line 3c x 0.00150)	<u>283.99</u>		<u>12.35</u>
7. Accidental death contributions (if covered) - PORS only (PORS Line 3c x 0.00200)			
8. Total Due for the Month (Line 2 + Line 5 + Line 6 + Line 7)	<u>33,124.98</u>		<u>539.15</u>
9. Authorized (Credits) Debits Invoice # _____			
10. Net Remittance (Line 8 +/- Line 9)	<u>33,124.98</u>		<u>539.15</u>
11. Total Remittance (Combine SCRS, PORS, ORP)		\$ 33,664.13	
CONTACT PERSON <u>AUTHORIZED REPRESENTATIVE</u>		 	
SIGNATURE _____			
Telephone <u>803-000-0000</u> Date <u>1/16/07</u>			
Please note: This is a bar coded form. Do not substitute this monthly form for another month.			

SAMPLE 1246

Form 1246

Revised 7/1/2006

QUARTERLY CONTRIBUTION REPORT SUMMARY **CLASS II EMPLOYER**

South Carolina Retirement Systems
Box 11960, Columbia, SC 29211-1960

☐ Check if no covered wages for this period.

Fiscal Year: 2006-2007

EMPLOYER CODE

000.01

DUE DATE


01/31/2007

EMPLOYER NAME

ANY EMPLOYER

QUARTER ENDING DATE

12/31/2006

SECTION I EMPLOYEE CONTRIBUTIONS (ACTIVE/RETIRED MEMBERS)				SCRS	PORS
1. Member Salaries subject to employee contributions:					
a. Active Member Salaries				<u>106,332.23</u>	<u>1,004,909.24</u>
b. Retired Member Salaries (do not include TERI retirees that entered TERI prior to 7/1/05)				<u>106,332.23</u>	<u>1,004,909.24</u>
2. Total Salaries subject to employee contributions (Line 1a + 1b)					
3. Contribution Rate - Except 9/2006 Quarter (See Instructions).				0.06500	0.06500
4. Total employee Contributions (Line 2 x Line 3) Not required 9/2006 quarter				<u>6,911.59</u>	<u>65,319.10</u>
5. Total contributions withheld per detail member report (form 1221)				<u>6,911.59</u>	<u>65,319.10</u>
6. Variance (Line 4 - Line 5. Note: If greater than \$.99, please review for errors).					
SECTION II EMPLOYER CONTRIBUTIONS (ACTIVE AND RETIRED MEMBERS)				SCRS	PORS
7. Total salaries -SCRS(Line 2 plus salary for TERI participants with retirement date prior to 7/1/05), PORS (Line 2)				<u>106,332.23</u>	<u>1,004,909.24</u>
8. Contribution Rate				x 0.08050	x 0.10300
9. Employer retirement contributions (Line 7 x Line 8)				<u>8,559.74</u>	<u>103,505.65</u>
10. Group life contributions (if covered) Line 7 x 0.00150 (SCRS), 0.00200 (PORS)				<u>159.50</u>	<u>2,009.82</u>
11. Accidental death contributions (if covered) - PORS only (PORS Line 7 x 0.00200)					<u>2,009.82</u>
12. Total due for the quarter (Line 5 + Line 9 + Line 10 + Line 11)				<u>15,630.83</u>	<u>172,844.39</u>
SECTION III ACCOUNT RECONCILIATION				SCRS	PORS
13. Monthly deposits remitted					
<div style="display: flex; justify-content: space-between;"> 1st Month 2nd Month </div> <div style="display: flex; justify-content: space-between;"> (Line 10 of Monthly Report) SCRS <u>5,341.98</u> + <u>4,268.62</u> = </div> <div style="display: flex; justify-content: space-between;"> PORS <u>44,695.13</u> + <u>44,436.20</u> = </div>				<u>9,610.60</u>	
14. Net amount due for the quarter (Line 12 - Line 13)				<u>6,020.23</u>	<u>89,131.33</u>
15. Authorized (credits) debits Invoice # _____, _____					<u>83,713.06</u>
16. Net remittance (Line 14 +/- Line 15)				<u>6,020.23</u>	<u>83,713.06</u>
17. Check Total (combine SCRS, PORS)				<u>\$ 89,733.29</u>	
CONTACT PERSON (please write legibly) AUTHORIZED REPRESENTATIVE					
SIGNATURE _____ TELEPHONE 803-000-0000 DATE 1/11/07					
Please note: This is a bar coded form. Do not substitute this quarterly form for another quarter.					

Please call our Customer Services Call Center toll free at 1-800-868-9002 or at 803-737-6800 with any questions.

Form 1246

Revised 7/1/2006

QUARTERLY CONTRIBUTION REPORT SUMMARY **CLASS II EMPLOYER**

South Carolina Retirement Systems
Box 11960, Columbia, SC 29211-1960

☐ Check if no covered wages for this period.

Fiscal Year: 2006-2007

EMPLOYER CODE 000.01

DUE DATE 01/31/07

EMPLOYER NAME ANY EMPLOYER

QUARTER ENDING DATE 12/31/06

SECTION I EMPLOYEE CONTRIBUTIONS (ACTIVE/RETIRED)

1. Member Salaries subject to employee contributions:
a. Active Member Salaries
b. Retired Member Salaries(do not include TERI retirees that entered TERI prior to 7/1/2005)
2. Total Salaries subject to employee contributions(line 1a + 1b)
3. Contribution Rate - Except 9/2006 Quarter (See Instructions)
4. Total employee Contributions (Line 2 x Line 3) Not required 9/2006 quarter
5. Total contributions withheld per detail member report (form 1221)
6. Variance (Line 4 - Line5. Note: If greater than \$.99, please review for errors).

441,215.96

72,581.72

513,797.68

x 0.06500

33,396.85

33,396.85

PORS

x 0.06500

ORP

SECTION II EMPLOYER CONTRIBUTIONS (ACTIVE/RETIRED/ORP)

7. Total salaries SCRS (Line 2 plus salary for TERI participants with retirement date prior to 7/1/05), PORS (Line 2), ORP total from report
8. Contribution Rate
9. Employer retirement contributions (Line 7 x Line 8)
10. Group life contributions (if covered)
(Line 7 x 0.00150 (SCRS), 0.00200 (PORS), 0.00150 (ORP))
11. Accidental death contributions - PORS only (PORS Line 7 x 0.00200)
12. Total due for the quarter (Line 5 + Line 9 + Line 10 + Line 11)

562,448.65

x 0.11400

64,119.15

843.67

98,359.67

PORS

x 0.13650

ORP

x 0.06400

1,580.38

37.04

1,617.42

SECTION III ACCOUNT RECONCILIATION

13. Monthly deposits remitted
1st Month 2nd Month
SCRS 32,781.12 + 33,124.98 =
PORS + =
ORP 539.14 + 539.15 =
14. Net amount due for the quarter (Line 12 - Line 13)
15. Authorized (credits) debits Invoice #
16. Net remittance (Line 14 +/- Line15)

65,906.10

32,453.57

32,453.57

PORS

ORP

1,078.29

539.13

539.13

SECTION IV REMITTANCE TOTAL

17. Total Remittance (combine SCRS, PORS, ORP) \$ 32,992.70

CONTACT PERSON AUTHORIZED REPRESENTATIVE

SIGNATURE TELEPHONE 803-000-0001 DATE 1/25/07

Please Note: This is a bar coded form. Do not substitute this quarterly for another quarter.



Automated Clearing House (ACH) Debit Payment

- **Employers participating in the ACH Debit payment program should fax the monthly or quarterly summary report the day before the debit is to be initiated.**
- **To participate in this program, Form 1226 should be completed and remitted to the Retirement Systems.**

SAMPLE 1226

Authorization Agreement for Automatic Debits

**State Budget and Control Board
South Carolina Retirement Systems
Box 11960
Columbia, SC 29211-1960**

Employer Name: ANY EMPLOYER

Employer Code: 000.00

I (we) hereby authorize the South Carolina Retirement Systems, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to our ☐ checking ☒ savings account (select one) and the financial institution named below, to debit and/or credit the same to such account.

Financial

Institution: USA BANK

Branch: NORTHEAST

City: COLUMBIA

State: SC

ZIP+4: 29229

Transit/ABA Number : 999999999
(9 positions)

Account Number: XX-XXXXXXXX

This authority is to remain in full force and effect until the South Carolina Retirement Systems has received written notification from me (us) of its termination in such time and in such manner as to afford the South Carolina Retirement Systems and the financial institution indicated above a reasonable opportunity to act on it.

The South Carolina Retirement Systems will initiate debit entries to the bank account indicated above for payment of monthly retirement contributions required by Title 9 of the South Carolina Code of Laws. The employer will notify the South Carolina Retirement Systems by fax to (803) 737-6810 each month of the amount to be debited on form #1246 or #1244 by 12:00 noon on the last business day before the proscribed due date. The funds will be debited from your bank account on the due date. If the forms are received by the South Carolina Retirement Systems after 12:00 noon the last business day before the due date, the funds will be debited on the tenth (10th) of the following month and will be considered a late payment and will incur all appropriate statutory interest penalties.

Contact Name: AUTHORIZED REPRESENTATIVE
(Please Print)

Title: DIRECTOR

Authorized Signature : _____

Date: _____

Telephone Number : 803-123-4567

Quarterly Contribution Report Summary

- All employers (except those on the Comptroller General's payroll) must complete a *Quarterly Contribution Report Summary* (Form 1246).
- This form enables the employer to calculate the total amount of employee and employer contributions due for the quarter.
- The form is submitted with payment and detail information for each member (SCRS, PORS, State ORP, Retiree) via a flat file on diskette, the Electronic Employer Services Employer Reporting (EES-ER) Web-based program, or by a *Quarterly Report* (Form 1221) through paper reporting.

SAMPLE 1221

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Quarterly Contribution Report Summary

- **All employers are encouraged to submit their reports on some type of electronic media.**
- **Form 1246 is bar-coded with the employer code and date information, so it is important that employers use the correct form and do not substitute one form for another.**

SAMPLE 1246

Form 1246

Revised 7/1/2006

QUARTERLY CONTRIBUTION REPORT SUMMARY **CLASS II EMPLOYER**

South Carolina Retirement Systems
Box 11960, Columbia, SC 29211-1960

☐ Check if no covered wages for this period.

Fiscal Year: 2006-2007

EMPLOYER CODE

000.01

DUE DATE


01/31/2007

EMPLOYER NAME

ANY EMPLOYER

QUARTER ENDING DATE

12/31/2006

SECTION I	EMPLOYEE CONTRIBUTIONS (ACTIVE/RETIRED MEMBERS)	SCRS	PORS
1. Member Salaries subject to employee contributions:			
a. Active Member Salaries		<u>106,332.23</u>	<u>1,004,909.24</u>
b. Retired Member Salaries (do not include TERI retirees that entered TERI prior to 7/1/05)		<u>106,332.23</u>	<u>1,004,909.24</u>
2. Total Salaries subject to employee contributions (Line 1a + 1b)			
3. Contribution Rate - Except 9/2006 Quarter (See Instructions).		0.06500	0.06500
4. Total employee Contributions (Line 2 x Line 3) Not required 9/2006 quarter		<u>6,911.59</u>	<u>65,319.10</u>
5. Total contributions withheld per detail member report (form 1221)		<u>6,911.59</u>	<u>65,319.10</u>
6. Variance (Line 4 - Line 5. Note: If greater than \$.99, please review for errors).			
SECTION II	EMPLOYER CONTRIBUTIONS (ACTIVE AND RETIRED MEMBERS)	SCRS	PORS
7. Total salaries -SCRS(Line 2 plus salary for TERI participants with retirement date prior to 7/1/05), PORS (Line 2)		<u>106,332.23</u>	<u>1,004,909.24</u>
8. Contribution Rate		x 0.08050	x 0.10300
9. Employer retirement contributions (Line 7 x Line 8)		<u>8,559.74</u>	<u>103,505.65</u>
10. Group life contributions (if covered) Line 7 x 0.00150 (SCRS), 0.00200 (PORS)		<u>159.50</u>	<u>2,009.82</u>
11. Accidental death contributions (if covered) - PORS only (PORS Line 7 x 0.00200)			<u>2,009.82</u>
12. Total due for the quarter (Line 5 + Line 9 + Line 10 + Line 11)		<u>15,630.83</u>	<u>172,844.39</u>
SECTION III	ACCOUNT RECONCILIATION	SCRS	PORS
13. Monthly deposits remitted			
(Line 10 of Monthly Report)			
SCRS	1st Month <u>5,341.98</u>	2nd Month <u>4,268.62</u>	
PORS	<u>44,695.13</u>	<u>44,436.20</u>	
14. Net amount due for the quarter (Line 12 - Line 13)		<u>6,020.23</u>	<u>89,131.33</u>
15. Authorized (credits) debits Invoice # _____			<u>83,713.06</u>
16. Net remittance (Line 14 +/- Line 15)		<u>6,020.23</u>	<u>83,713.06</u>
17. Check Total (combine SCRS, PORS)		<u>\$ 89,733.29</u>	
CONTACT PERSON (please write legibly) AUTHORIZED REPRESENTATIVE			
SIGNATURE _____ TELEPHONE 803-000-0000 DATE 1/11/07			
Please note: This is a bar coded form. Do not substitute this quarterly form for another quarter.			

Please call our Customer Services Call Center toll free at 1-800-868-9002 or at 803-737-6800 with any questions.

Form 1246

Revised 7/1/2006

QUARTERLY CONTRIBUTION REPORT SUMMARY **CLASS II EMPLOYER**

South Carolina Retirement Systems
Box 11960, Columbia, SC 29211-1960

☐ Check if no covered wages for this period.


Fiscal Year: 2006-2007

EMPLOYER CODE 000.01

DUE DATE 01/31/07

EMPLOYER NAME ANY EMPLOYER

QUARTER ENDING DATE 12/31/06

SECTION I	EMPLOYEE CONTRIBUTIONS (ACTIVE/RETIRED)	SCRS	PORS	ORP
1. Member Salaries subject to employee contributions:		441,215.96		
a. Active Member Salaries		72,581.72		
b. Retired Member Salaries (do not include TERI retirees that entered TERI prior to 7/1/2005)		513,797.68		
2. Total Salaries subject to employee contributions (line 1a + 1b)				
3. Contribution Rate - Except 9/2006 Quarter (See Instructions)		x 0.06500	x 0.06500	
4. Total employee Contributions (Line 2 x Line 3) Not required 9/2006 quarter		33,396.85		
5. Total contributions withheld per detail member report (form 1221)		33,396.85		
6. Variance (Line 4 - Line 5. Note: If greater than \$.99, please review for errors).				
SECTION II	EMPLOYER CONTRIBUTIONS (ACTIVE/RETIRED/ORP)	SCRS	PORS	ORP
7. Total salaries SCRS (Line 2 plus salary for TERI participants with retirement date prior to 7/1/05), PORS (Line 2), ORP total from report		562,448.65		24,693.51
8. Contribution Rate		x 0.11400	x 0.13650	x 0.06400
9. Employer retirement contributions (Line 7 x Line 8)		64,119.15		1,580.38
10. Group life contributions (if covered) (Line 7 x 0.00150 (SCRS), 0.00200 (PORS), 0.00150 (ORP))		843.67		37.04
11. Accidental death contributions - PORS only (PORS Line 7 x 0.00200)				
12. Total due for the quarter (Line 5 + Line 9 + Line 10 + Line 11)		98,359.67		1,617.42
SECTION III	ACCOUNT RECONCILIATION	SCRS	PORS	ORP
13. Monthly deposits remitted				
1st Month				
2nd Month				
SCRS 32,781.12 + 33,124.98 =		65,906.10		
PORS				
ORP 539.14 + 539.15 =				1,078.29
14. Net amount due for the quarter (Line 12 - Line 13)		32,453.57		539.13
15. Authorized (credits) debits Invoice # _____				
16. Net remittance (Line 14 +/- Line 15)		32,453.57		539.13
SECTION IV	REMITTANCE TOTAL			
17. Total Remittance (combine SCRS, PORS, ORP)		\$ 32,992.70		
CONTACT PERSON AUTHORIZED REPRESENTATIVE				
SIGNATURE _____		TELEPHONE 803-000-0001	DATE 1/25/07	
Please Note: This is a bar coded form. Do not substitute this quarterly for another quarter.				

Service Credit Reporting Procedures

- **Effective July 1, 2006, a minimum monthly base salary of \$412 has been established for an active contributing member to receive full-time service credit (certain exceptions apply).**
- **A “payroll” contract period representing the number of months per year in which a member is compensated must be established for each member. A payroll contract may vary from other employment contracts (i.e. teacher’s contract).**
- **The number of months paid each quarter must be reported.**

Payroll Contract Period Examples

12 Month Payroll Contract Period

- An employee with a 12 month payroll contract period receives a paycheck at least once a month for 12 months of the year.
- For an employee who earns the 7/1/2006 threshold minimum (\$412) each month, 30 days (or 1/12 of a 360-day year) is allotted for each month reported.

11 Month Payroll Contract Period

- An employee with an 11 month payroll contract period receives a paycheck at least once a month for 11 months of the year.
- For an employee who earns the 7/1/2006 threshold minimum (\$412) each month, 33 days (or 1/11 of a 360-day year) is allotted for each month reported.

Payroll Contract Period Examples

9 Month Payroll Contract Period

- An employee with a nine month payroll contract period receives a paycheck at least once a month for nine months of the year.
- For an employee who earns the threshold minimum (\$412 - effective 7/1/2006) each month, 40 days (or 1/9 of a 360-day year) is allotted for each month reported.

Substitute Teacher – 9 Month Payroll Contract Period

- If an active contributing member earns less than (\$412) threshold in a month, the member's service credit is pro-rated by dividing the amount earned by \$412 and then applying the appropriate payroll contract length.

Elected Officials

- Elected Officials, appointed board members and commissioners are exempt from the 7/1/2006 \$412 per month salary threshold.
- The following payroll contract lengths should be used when reporting these individuals.

<u>Pay Frequency</u>	<u>Payroll Contract Length Code</u>	<u>Months Paid</u>	<u>Service Credited</u>
Annually	13	1	1 year
Monthly	14	1,2, or 3	1 month for each month paid
Quarterly	15	1	3 months
Semi-Annually	16	1	6 months

Error File

- **When reports are processed, various discrepancies may occur. Some of the most common examples are:**
 - **Enrollment** - A permanent account must be established before contributions can be posted. Employers will be contacted regarding incorrect SSNs, non-election forms on file or ORP membership.
 - **Name** - The first four letters of the member's last name ensures the payroll name matches the client record (SSN & Name).
 - **Wages/Contributions** – The calculated percentage of contributions must reconcile to the amount of wages.
 - **Contract Length/Months Paid** - These fields, along with the salary threshold determine service credit.
 - **TBR/AFC** – TBR amounts involve the final quarter before retirement. Amounts certified on the *Certification of Final Retirement Deductions* (Form 6202/6203) are expected to agree to amounts reported on the quarterly report. Differences between the listed amounts and amounts received on the quarterly report must be resolved.
- **Employers can view outstanding reconciling items on the EES Web Site**

Reconciliation

- **The reconciliation process compares the deposits received with the quarterly report totals.**
- **Any difference between these two totals results in either a debit or credit invoice.**
- **Detail information about the difference is provided to employers, along with an invoice.**

Reconciliation

- **Typical reasons for differences include:**
 - **Non-members reported with contributions – member contributions that were erroneously reported should be refunded to the employee by the employer**
 - **Contributions reported under one system that should be under another (i.e. SCRS vs. PORS or PORS vs. State ORP), and balance exists due to different contribution rates**
 - **Invoices applied to a monthly report, but not carried forward to the quarterly report**
 - **Calculation errors on the quarterly summary**
 - **Differences between the amount due as indicated by individual postings from the electronic or paper report and the amount actually remitted by the employer on the quarterly summary**

SPREADSHEET

BEST SCHOOL DISTRICT

EMPLOYER CODE:

0.00

QUARTER ENDING DATE:

Sept 2005

INVOICE AMOUNT:

\$ (663.16)

You are authorized to deduct the above credit amount on your next quarterly report. This credit is a result of the following breakdown. Please attach a copy of the invoice letter when the credit is being taken.

RECONCILIATION BREAKDOWN:

SCRS	NAME	SSN	OLD GROSS	NEW GROSS	GROSS DIFF	OLD CONTRIB	NEW CONTRIB	CONTRIB DIFF	EMPLOYER CONTRIB	GROUP LIFE	TOTAL EMPLOYER	REASON
1	Member Name	xxx-xx-xxxx	3,770.10		(3,770.10)	226.20	-	(226.20)	(407.17)	(5.66)	(412.83)	ORP member
1	Member Name	xxx-xx-xxxx	13,280.50		(13,280.50)	796.83	-	(796.83)	(1,434.29)	(19.92)	(1,454.21)	ORP member
1	Member Name	xxx-xx-xxxx			-		380.43	380.43	-	-	-	not a retiree
1	Member Name	xxx-xx-xxxx	72.17		(72.17)	4.33	-	(4.33)	(7.79)	(0.11)	(7.90)	ORP member
1	Member Name	xxx-xx-xxxx	103.03		(103.03)	6.19	-	(6.19)	(11.13)	(0.15)	(11.28)	non member
1	Member Name	xxx-xx-xxxx			-		135.09	135.09	-	-	-	not a retiree
1	Member Name	xxx-xx-xxxx	-		-	43.68	763.16	719.48	-	-	-	not a retiree
1	Member Name	xxx-xx-xxxx			-		153.46	153.46	-	-	-	s/b active mbr
1	Member Name	xxx-xx-xxxx	2,175.00	5,261.00	3,086.00	-	-	-	333.29	4.63	337.92	Per 6203
1	Member Name	xxx-xx-xxxx		240.00	240.00		14.40	14.40	25.92	0.36	26.28	default to SCRS
			19,400.80	5,501.00	(13,899.80)	1,077.23	1,446.54	369.31	(1,501.18)	(20.85)	(1,522.03)	

(1,501.18) TOTAL GROSS X RATE OF 0.1080

(20.85) TOTAL GROSS X GL RATE OF 0.0015

(1,522.03) TOTAL EMPLOYER CONTRIBUTIONS

369.31 TOTAL EMPLOYEE CONTRIBUTIONS

(1,152.72) TOTAL SCRS

ORP	NAME	SSN	OLD GROSS	NEW GROSS	GROSS DIFF	Employer 5.80%	VENDOR	REASON
9	Member Name	xxx-xx-xxxx		3,770.10	3,770.10	-	218.67	VALIC s/b ORP
9	Member Name	xxx-xx-xxxx		13,280.50	13,280.50		770.27	Hartford s/b ORP
9	Member Name	xxx-xx-xxxx		72.17	72.17		4.19	Hartford s/b ORP
9	Member Name	xxx-xx-xxxx	240.00		(240.00)		(13.92)	default to SCRS
9	Member Name	xxx-xx-xxxx	8,686.80		(8,686.80)		(503.83)	s/b Non Mbr
			8,926.80	17,122.77	8,195.97	-	475.37	

NOTE: Please change agency payroll records to correct system for future remittances and forward money to the appropriate Vendor for each employee.

475.37 TOTAL GROSS X RATE OF 0.0580

12.29 TOTAL GROSS X GL RATE OF 0.0015

487.66 TOTAL ORP

GRAND TOTAL SCRS (1,152.72)
 GRAND TOTAL ORP 487.66
 VARIANCE 1.90
 TOTAL DUE EMPLOYER (663.16)

Invoices

- Invoices are created for various reasons, including reconciliation of quarterly or supplemental reports and interest assessments.
- Employers should pay the amount due within 15 days of receipt of a debit invoice and may take credit invoices on monthly deposits or quarterly reports.
- The Retirement Systems sends reminder notices regarding outstanding accounts receivables.
- The Retirement Systems requests that invoices be cleared as soon as possible, but outstanding invoices should never be older than one year.

If an employer has a question or if there is a discrepancy concerning an invoice, the Employer Representative will assist.

Inactive Employer Accounts

- If an employer has no covered employees on payroll, the *Monthly Deposit* (Form 1244) and *Quarterly Summary* (Form 1246) should be submitted for the appropriate month or quarter and check the “no covered wages” box.
- If the employer anticipates no activity for several months, written documentation on official letterhead should be submitted to the Retirement Systems to suspend the employer’s account.
- Reactivation of an employer’s account can also be accomplished by written documentation.

SAMPLE 1246

Form 1246

Revised 7/1/2006

QUARTERLY CONTRIBUTION REPORT SUMMARY **CLASS II EMPLOYER**

South Carolina Retirement Systems
Box 11960, Columbia, SC 29211-1960

☒ Check if no covered wages for this period.

Fiscal Year: 2006-2007

EMPLOYER CODE

000.00

DUE DATE 01/31/07

EMPLOYER NAME

ANY EMPLOYER

QUARTER ENDING DATE

12/31/06

SECTION I EMPLOYEE CONTRIBUTIONS (ACTIVE/RETIRED)

SCRS

PORS

ORP

1. Member Salaries subject to employee contributions:
 - a. Active Member Salaries
 - b. Retired Member Salaries (do not include TERI retirees that entered TERI prior to 7/1/2005)
2. Total Salaries subject to employee contributions (line 1a + 1b)
3. Contribution Rate - Except 9/2006 Quarter (See Instructions)
4. Total employee Contributions (Line 2 x Line 3) Not required 9/2006 quarter
5. Total contributions withheld per detail member report (form 1221)
6. Variance (Line 4 - Line 5. Note: If greater than \$.99, please review for errors).

x 0.06500

x 0.06500

SECTION II EMPLOYER CONTRIBUTIONS (ACTIVE/RETIRED/ORP)

SCRS

PORS

ORP

7. Total salaries SCRS (Line 2 plus salary for TERI participants with retirement date prior to 7/1/05), PORS (Line 2), ORP total from report
8. Contribution Rate
9. Employer retirement contributions (Line 7 x Line 8)
10. Group life contributions (if covered)
(Line 7 x 0.00150 (SCRS), 0.00200 (PORS), 0.00150 (ORP))
11. Accidental death contributions - PORS only (PORS Line 7 x 0.00200)
12. Total due for the quarter (Line 5 + Line 9 + Line 10 + Line 11)

x 0.11400

x 0.13650

x 0.06400

SECTION III ACCOUNT RECONCILIATION

SCRS

PORS

ORP

13. Monthly deposits remitted

	1st Month	2nd Month	
SCRS	_____ + _____	_____ + _____	= _____
PORS	_____ + _____	_____ + _____	= _____
ORP	_____ + _____	_____ + _____	= _____
14. Net amount due for the quarter (Line 12 - Line 13)
15. Authorized (credits) debits Invoice # _____
16. Net remittance (Line 14 +/- Line 15)

SECTION IV REMITTANCE TOTAL

17. Total Remittance (combine SCRS, PORS, ORP)

\$ _____

CONTACT PERSON (please write legibly) AUTHORIZED REPRESENTATIVE

SIGNATURE _____

TELEPHONE 803-000-0000

DATE 1/30/07

Please Note: This is a bar coded form. Do not substitute this quarterly for another quarter.



Supplemental Service Report

Form 1224

- **Members on certain types of approved leave without pay may continue to pay into the appropriate retirement system to establish uninterrupted service credit.**
- **The following leave types, and only these types, may be reported on the *Supplemental Service Report*:**
 - **Military Leave**
 - **Workers' Compensation**
 - **Charter School**
 - **Furlough Program**
 - **Special Monthly Contributors**

Rates for these types of supplements are outlined on Form 1340.

Supplemental Service Report

Form 1224

- **Supplements should be filed on a current basis.**
- **Forms may contain either monthly or quarterly information.**
- **Only one fiscal year per form should be reported.**
- **The wages and contributions should reflect the amount the member would have been paid had he/she not been absent for the time period specified.**

Rates for these types of supplements are outlined on Form 1340.

Military Leave

- An active member called to active military duty may arrange with his/her employer prior to the leave to continue to remit monthly employee contributions.
- The contributions are based on the member's salary prior to the leave and must be reported through the employer.
- The Uniformed Services Employment and Reemployment Rights Act (USERRA) provides guidelines for maintaining an employee's civilian benefits, despite their leave of service in the military (www.dol.gov/elaws) .
- An employee is entitled to receive retirement service credit for a period of military leave if he/she makes the required employee contributions within a period of not more than three times the length of the person's military service (not to exceed five years) from the date of reemployment.
- Employers are responsible for remitting the employer portion of retirement contributions.
- Employer contributions are not remitted for Group Life Insurance, retiree health insurance surcharge, or accidental death.

Workers' Compensation

- **An active member may continue employee contributions during the period in which he or she is receiving Workers' Compensation benefits.**
- **The cost to establish this service is based on the member's salary prior to the injury.**
- **Employers remit their portion of retirement contributions, but contributions are not remitted for Group Life Insurance, retiree health insurance surcharge, or accidental death.**

Charter Schools

Section 59-40-130

- If an employee of a local school district makes a written request for a leave to be employed at a charter school before July 1, 2006, the school district shall grant the leave for up to five years as requested by the employee. The school district may require that the request for leave or extension of leave be made by the date provided for by state law for the return of teachers' contracts. Employees may return to employment with the local school district at its option with the same teaching or administrative contract status as when they left but without assurance as to the school or supplemental position to which they may be assigned.
- A charter school employing an individual on leave from a local school district shall participate in the South Carolina Retirement System as a covered employer with respect to the employee on leave it hires. The employee on leave from a local school district employed by a charter school shall accrue benefits and credits in the South Carolina Retirement System. The charter school shall remit to the Retirement System the employer contributions required by law for participating employers. The employee shall make the employee contributions to the Retirement System required by law and the contributions must be picked up in accordance with Section 9-1-1020. The South Carolina Retirement System may impose reasonable requirements to administer this section.
- The provisions of this section do not apply to teachers and other employees of a converted school whose employment relation is governed by Section 59-40-100.
- Employer contributions are remitted for Group Life Insurance, retiree health insurance surcharge, or accidental death.

Furlough

2006-2007 Appropriations Act

Section 72.49

- **The General Appropriations Act for fiscal year (FY) 2007 authorizes agency heads and school district boards of trustees to implement furlough programs under specific conditions – not more than 90 days per FY.**
- **Employers are required to contribute both the employee and employer contributions to the SCRS to maintain employee retirement benefits during a furlough period.**
- **No furlough payments are due on SCRS/PORS retirees, including TERI participants.**
- **Employer contributions are remitted for Group Life Insurance, retiree health insurance surcharge, or accidental death.**

Special Monthly Contributor (SCRS Members Only)

An active SCRS member who terminates employment with at least 25 years of service credit is eligible to continue SCRS contributions until he or she reaches 28 years of service credit with the following stipulations:

- The member should contact SCRS to obtain confirmation of the required service credit.**
- The member must send employee and employer contributions to the former employer and the employer must remit to SCRS on a current monthly basis.**
- No collection effort will be made on the part of SCRS and there are no provisions for retroactive participation.**
- During the “buy-in” period, the member does not continue eligibility under the Group Life Insurance program, nor can they establish other types of service credit.**
- The program terminates at the end of 28 years of service credit and it is up to the member to file a retirement application.**

FORM 1340

Fiscal Year Contribution Rates For Employers and Members

SCRS and ORP Employer Rates for Supplemental Contribution Report (Form 1225 or Form 1227) for Fiscal Year 2007

State Agencies, Public School Districts, Institutions of Higher Education and Political Subdivisions
covered under the Retiree Insurance Surcharge

	Employer Retirement Contribution	Insurance Surcharge	Combined Employer Rate	Group Life Contribution	Accidental Death Contribution
SCRS	8.05%	3.35%	11.40%	0.15%	N/A
PORS - Class II	10.30%	3.35%	13.65%	0.20%	0.20%
State ORP	3.05%	3.35%	6.40%	0.15%	N/A

Political Subdivisions Not Covered Under the Retiree Insurance Surcharge

	Employer Retirement Contribution	Insurance Surcharge	Combined Employer Rate	Group Life Contribution	Accidental Death Contribution
SCRS	8.05%	N/A	8.05%	0.15%	N/A
PORS - Class I	7.80%	N/A	7.80%	0.20%	0.20%
PORS - Class II	10.30%	N/A	10.30%	0.20%	0.20%

Prior Year Surcharge Rates

Fiscal Year	SCRS	PORS	Surcharge
2004	10.85%	13.60%	3.30%
2005	10.80%	13.55%	3.25%
2006	10.80%	13.55%	3.25%

Prior Year ORP Rates

Fiscal Year	ORP Total	G/L	Total
2004	5.85% (2.55% + 3.30%)	0.15%	6.00%
2005	5.80% (2.55% + 3.25%)	0.15%	5.95%
2006	5.80% (2.55% + 3.25%)	0.15%	5.95%

Member Contributions Rates

Fiscal Year	SCRS	PORS	ORP
2005	6.00%	6.50%	6.00%
2006	6.25%	6.50%	6.25%
2007	6.50%	6.50%	6.50%

**THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS AND DOES NOT
CREATE A CONTRACT BETWEEN THE MEMBER AND THE SOUTH CAROLINA RETIREMENT SYSTEMS. THE SOUTH CAROLINA
RETIREMENT SYSTEMS RESERVES THE RIGHT TO REVISE THE CONTENT OF THIS DOCUMENT.**

Information for Rates on Supplement Service (Form 1224) for Fiscal Year 2007

Service Type 34 (Special Monthly Contributor) - Member pays employee and employer contribution.

Special Monthly Contributor			
	SCRS	Employer	Total
Member	6.50%	8.05%	14.55%
Employer	N/A	N/A	N/A
No Surcharge or Group Life Due			

Service Type 59 (Military Leave), **61** (Workers Comp) - Member pays employee portion and employer pays employer contributions. Insurance Surcharge, Group Life, and ADP are not due for these service types.

Military & Workers Comp		
	SCRS	PORS
Member	6.50%	6.50%
Employer	8.05%	10.30%
No Surcharge, Group Life, or ADP due		

Service Type 72 (Charter School) - Member pays employee portion and employer pays employer contributions. Employer also pays Group Life (if employer has the coverage).

Charter School				
	SCRS	Surcharge	Group Life	Total
Member	6.50%	N/A	N/A	6.50%
Employer	8.05%	3.35%	0.15%	11.55%

	ORP Vendor	SCRS	Surcharge	Group Life	Total
Member	6.50%	N/A	N/A	N/A	6.50%
Employer	5.00%	3.05%	3.35%	0.15%	11.55%
Total Vendor 11.50%					
Total SCRS 6.55%					
Employer must pay surcharge and Group Life					

Service Type 73 (Furlough) - Employer pays employee portion and employer portion. Rates are the same as for Charter School, except the EMPLOYER pays all.

SAMPLE 1224

EMPLOYER NAME ANY EMPLOYER

SERV TYPE	EMPLOYEE NAME	SOCIAL SECURITY #	SCRS WAGES	SCRS MEMBER CONTRIBUTIONS	PORS WAGES	PORS MEMBER CONTRIBUTIONS	ORP WAGES	VEN NUM	D OR N	CONT LENG	BEGINNING DATE (REQUIRED)	ENDING DATE (REQUIRED)
61	JOHN DOE	000-00-0000	1741.00	108.81					N	12	7/1/06	9/30/06
		TOTALS	1741.00	108.81								

240.25

DATE (MM-DD-YYYY)

Questions concerning this form should be directed to our Customer Services Call Center toll free at (800) 888-9002 or at (803) 737-6800.

Supplemental Contribution Report

Form 1225

For Transactions Prior to 7/1/2005

- The *Supplemental Contribution Report* (Form 1225) is used to make corrections to previously processed quarterly information (SCRS, PORs, Retiree, State ORP corrections).
- Per statute (9-1-1670), an employer's request to correct a member's record must be made within two years of the commission of the error by the employer.
- When completing the form, use quarter dates and enter only one fiscal year per form.
- The explanation for the supplement should be included in the space provided.
- When adjusting a prior quarter, the original transaction must be reversed and the correct transaction amount should be entered, making two entries.
- Any money due for the supplement should be remitted when the report is filed.

SAMPLE 1225

SUPPLEMENTAL CONTRIBUTION REPORT
For Transactions Prior to 07/01/2005
South Carolina Retirement Systems
State Budget and Control Board
Box 11960, Columbia SC 29211-1960

SEE INSTRUCTIONS ON REVERSE (Page 2)

EMPLOYER CODE # 000.00 **REASON FOR SUPPLEMENT:** MARCH QUARTER CORRECTION

EMPLOYER NAME ANY EMPLOYER

SECTION 1 - EMPLOYEE WAGES AND CONTRIBUTIONS

EMPLOYEE NAME	SSN	SCRS MEMBER WAGES	SCRS MEMBER CONTRIBUTIONS	SCRS RETIREE WAGES	PORS MEMBER WAGES	PORS MEMBER CONTRIBUTIONS	PORS RETIREE WAGES	ORP WAGES	VEN NUM	D or N	CONT LENG	MONTHS PAID	BEGINNING DATE (REQUIRED)	ENDING DATE (REQUIRED)
JOHN DOE	000-00-0000			(29380.30)							12	3	1/1/05	3/31/05
				28490.50							12	3	1/1/05	3/31/05
JOE JONES	000-00-0001	(7625.00)	(457.50)							D	11	3	1/1/05	3/31/05
		9500.00	570.00							D	11	3	1/1/05	3/31/05
JANE JACOBS	000-00-0002							(15000.00)	1		11	3	1/1/05	3/31/05
		15000.00	900.00											
TOTALS		16875.00	1012.50	(890.30)				(15000.00)						
1. Total Wages - Active & Retiree Salaries				15984.70				(15000.00)						

SECTION 2 - EMPLOYER CONTRIBUTIONS

2. Employer retirement contributions Total wages x contribution rate (see reverse/page 2)	1726.35	(870.00)
3. Group Life contributions (if covered) Total Wages x Rate (see reverse/page 2)	23.98	(22.50)
4. Accidental death contributions (if covered) - PORS only (see reverse/page 2)		
5. Total remittance due (Section 1 total member contributions + line 2 + line 3 + line 4 + line 5)	2762.83	(892.50)
6. CHECK TOTAL (combine line 5 of SCRS, PORS and ORP)	1870.33	

AUTHORIZED REPRESENTATIVE

803-123-4567

5/1/2005

CONTACT PERSON (please write legibly)

SIGNATURE

Telephone

Date (MM-DD-YYYY)

THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS AND DOES NOT CREATE A CONTRACT BETWEEN THE MEMBER AND THE SOUTH CAROLINA RETIREMENT SYSTEMS. THE SOUTH CAROLINA RETIREMENT SYSTEMS RESERVES THE RIGHT TO REVISE THE CONTENT OF THIS DOCUMENT.

Questions concerning this form should be directed to our Customer Services Call Center toll free at (800) 888-9002 or at (803) 737-8800.

Supplemental Contribution Report

Form 1227

For Transactions After 7/1/2005

This form is similar to the Form 1225 except it should be used to process corrections after 7/1/2005. Retiree transactions are indicated with an “R” in the appropriate column. ~~Please note that per statute (9-1-1670) covered employers can make monetary corrections going back two years.~~

- When completing the form, use quarter dates and enter only one fiscal year per form.**
- The “Reason” for the supplement should be included in the space provided.**
- When adjusting a prior quarter, the original transaction must be reversed and the correct transaction amount should be entered.**
- Any money due for the supplement should be remitted when the report is filed.**

SAMPLE 1227

SUPPLEMENTAL CONTRIBUTION REPORT
For Transactions After 07/01/2005
South Carolina Retirement Systems
State Budget and Control Board
Box 11960, Columbia SC 29211-1960

SEE INSTRUCTIONS ON REVERSE (Page 2)

EMPLOYER CODE # 000.00	REASON FOR SUPPLEMENT: CORRECTIONS FOR PREVIOUSLY PROCESSED QUARTERS
EMPLOYER NAME ANY EMPLOYER	

SECTION 1 - EMPLOYEE WAGES AND CONTRIBUTIONS

EMPLOYEE NAME	SSN	RETIREE INDICATOR "R"	SCRS MEMBER WAGES	SCRS MEMBER CONTRIBUTIONS	PORS MEMBER WAGES	PORS MEMBER CONTRIBUTIONS	ORP WAGES	VEN NUM	D or N	CONT LENG	MONTHS PAID	BEGINNING DATE (REQUIRED)	ENDING DATE (REQUIRED)
JOHN DOE	000-00-0000	R	(14588.62)	(889.90)					D	11	2	7/1/05	9/30/05
*	*		13750.00	844.25					D	11	2	7/1/05	9/30/05
*	*		838.62	45.65					D	11	1	7/1/05	9/30/05
JANE SMITH	000-00-0001	R	15000.00	915.00					D	11	2	7/1/05	9/30/05
JOE JACKSON	000-00-0002	R	(7500.00)	(468.75)					D	11	3	10/1/05	12/31/05
*	*						7500.00	6		11	3	10/1/05	12/31/05
TOTALS							7500.00						

SECTION 2 - EMPLOYER CONTRIBUTIONS

1. Employer retirement contributions	810.00	435.00
Total wages x contribution rate (see Form 1340)		
2. Group Life contributions (if covered) Total Wages x Rate (see Form 1340)	11.25	11.25
3. Accidental death contributions (if covered) - PORS only (see Form 1340)		
4. Total remittance due (Section 1 total member contributions + line 1 + line 2 + line 3)	1267.50	446.25
5. CHECK TOTAL (combine line 4 of SCRS, PORS and ORP)	1713.75	

AUTHORIZED REPRESENTATIVE	803-123-4567	3/1/06
CONTACT PERSON (please write legibly)	SIGNATURE	Telephone Date (MM-DD-YYYY)

THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS AND DOES NOT CREATE A CONTRACT BETWEEN THE MEMBER AND THE SOUTH CAROLINA RETIREMENT SYSTEMS. THE SOUTH CAROLINA RETIREMENT SYSTEMS RESERVES THE RIGHT TO REVISE THE CONTENT OF THIS DOCUMENT.

Questions concerning this form should be directed to our Customer Services Call Center toll free at (800) 888-9002 or at (803) 737-8800.

Questions?